NU-ROC COMMUNITY HEALTHCARE, INC.

3576A NU-ROC LANE

LAONA	54541	Phone: (715) 674-4477		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Cor	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	61	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	61	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/03:	55	Average Daily Census:	57

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/03)	%						
Home Health Care	No	   Primary Diagnosis	용	Age Groups	용	Less Than 1 Year	14.5		
Supp. Home Care-Personal Care	No					1 - 4 Years	45.5		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.6	More Than 4 Years	30.9		
Day Services	No	Mental Illness (Org./Psy)	41.8	65 - 74	9.1				
Respite Care	No	Mental Illness (Other)	1.8	75 - 84	36.4	I	90.9		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.8	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	0.0   95 & Over 9.3		1   Full-Time Equivalent			
Congregate Meals No		Cancer	3.6			-   Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	23.6	65 & Over	96.4				
Transportation	No	Cerebrovascular	12.7			RNs	13.3		
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	3.6		
Other Services	Yes	Respiratory	3.6			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	12.7	Male	18.2	Aides, & Orderlies	38.6		
Mentally Ill	No			Female	81.8	I			
Provide Day Programming for			100.0			I			
Developmentally Disabled	No				100.0	I			

## Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	4	100.0	322	40	97.6	115	0	0.0	0	9	90.0	134	0	0.0	0	0	0.0	0	53	96.4	
Intermediate				1	2.4	96	0	0.0	0	1	10.0	132	0	0.0	0	0	0.0	0	2	3.6	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	_	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	4	100.0		41	100.0		0	0.0		10	100.0		0	0.0		0	0.0		55	100.0	

NU-ROC COMMUNITY HEALTHCARE, INC.

********	*****	*****	******	*****	*****	******	******
Admissions, Discharges, and	Percent Distribution	n of Residents'	Condit	ions, Services, an	nd Activities as of 12	/31/03	
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:	1	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	20.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.0	Bathing	0.0		80.0	20.0	55
Other Nursing Homes	6.0	Dressing	23.6		58.2	18.2	55
Acute Care Hospitals	68.0	Transferring	50.9		40.0	9.1	55
Psych. HospMR/DD Facilities	0.0	Toilet Use	40.0		30.9	29.1	55
Rehabilitation Hospitals	0.0	Eating	80.0		3.6	16.4	55
Other Locations	2.0	*****	******	*****	*****	******	* * * * * * * * * * * * * *
Total Number of Admissions	50 I	Continence		용	Special Treatmen	nts	%
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	5.5	Receiving Resp	piratory Care	3.6
Private Home/No Home Health	37.7	Occ/Freq. Incontine	nt of Bladder	50.9	Receiving Trad	cheostomy Care	0.0
Private Home/With Home Health	3.8	Occ/Freq. Incontine	nt of Bowel	30.9	Receiving Suct	tioning	0.0
Other Nursing Homes	1.9				Receiving Osto	omy Care	0.0
Acute Care Hospitals	17.0	Mobility			Receiving Tube	e Feeding	1.8
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	5.5	Receiving Mech	hanically Altered Diet	38.2
Rehabilitation Hospitals	0.0						
Other Locations	5.7	Skin Care			Other Resident (	Characteristics	
Deaths	34.0	With Pressure Sores		0.0	Have Advance I	Directives	80.0
Total Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	53				Receiving Psyc	choactive Drugs	54.5
-						3	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	રુ	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.4	80.8	1.16	83.7	1.12	84.0	1.11	87.4	1.07
Current Residents from In-County	67.3	73.7	0.91	72.8	0.92	76.2	0.88	76.7	0.88
Admissions from In-County, Still Residing	16.0	19.8	0.81	22.7	0.71	22.2	0.72	19.6	0.81
Admissions/Average Daily Census	87.7	137.9	0.64	113.6	0.77	122.3	0.72	141.3	0.62
Discharges/Average Daily Census	93.0	138.0	0.67	115.9	0.80	124.3	0.75	142.5	0.65
Discharges To Private Residence/Average Daily Census	38.6	62.1	0.62	48.0	0.80	53.4	0.72	61.6	0.63
Residents Receiving Skilled Care	96.4	94.4	1.02	94.7	1.02	94.8	1.02	88.1	1.09
Residents Aged 65 and Older	96.4	94.8	1.02	93.1	1.04	93.5	1.03	87.8	1.10
Title 19 (Medicaid) Funded Residents	74.5	72.0	1.04	67.2	1.11	69.5	1.07	65.9	1.13
Private Pay Funded Residents	18.2	17.7	1.03	21.5	0.85	19.4	0.94	21.0	0.87
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	43.6	31.0	1.41	39.1	1.12	36.5	1.20	33.6	1.30
General Medical Service Residents	12.7	20.9	0.61	17.2	0.74	18.8	0.68	20.6	0.62
Impaired ADL (Mean)	40.0	45.3	0.88	46.1	0.87	46.9	0.85	49.4	0.81
Psychological Problems	54.5	56.0	0.97	58.7	0.93	58.4	0.93	57.4	0.95
Nursing Care Required (Mean)	5.5	7.2	0.76	6.7	0.81	7.2	0.76	7.3	0.74